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SERIAL NUMBER 10/671,179	FILING OR 371(c) DATE 09/25/2003 RULE	CLASS 600	GROUP ART UNIT 3768	ATTORNEY DOCKET NO. MASIMO.376A
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/413,494 09/25/2002

**** FOREIGN APPLICATIONS *******

name
IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/19/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>ESMA SRINivas</i> <i>TB</i> Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	10	3	3

ADDRESS
20995

TITLE

PARAMETER COMPENSATED PULSE OXIMETER

FILING FEE RECEIVED 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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